

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010219

FILED
Apr 29, 2009
Secretary of State

Entity Name: SUN TITLE & ABSTRACT OF WELLINGTON, LLC

Current Principal Place of Business:

12794 WEST FOREST HILL BLVD., SUITE 30
WELLINGTON, FL 33414

New Principal Place of Business:

12794 WEST FOREST HILL BLVD., SUITE 19F
WELLINGTON, FL 33414

Current Mailing Address:

12794 WEST FOREST HILL BLVD., SUITE 30
WELLINGTON, FL 33414

New Mailing Address:

12794 WEST FOREST HILL BLVD., SUITE 19F
WELLINGTON, FL 33414

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, CHARLENE M
12794 WEST FOREST HILL BLVD., SUITE 30
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BYRD, CHARLENE M
12794 WEST FOREST HILL BLVD., SUITE 19F
WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLENE M. BYRD

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BYRD, CHARLENE M
Address: 12794 WEST FOREST HILL BLVD., SUITE 30
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BYRD, CHARLENE M
Address: 12794 WEST FOREST HILL BLVD., SUITE 19F
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLENE M. BYRD

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date